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Total Number of Pages in This Submission

Application Number	10/580,987				
Filing Date	May 25, 2006				
First Named Inventor	Zhiwen Zhang				
Group Art Unit	1633				
Examiner Name	Maria Gomez Leavitt				
Attorney Docket Number	54-001021US				

ENCLOSURES (check all that apply)						
X Fee Transm	ittal Form	Assignme (for an Ap			After Allowance Communication to Group	
Fee A	Attached	Drawing(s	s)		Appeal Communication to Board of Appeals and Interferences	
X Amendmen	t / Response	Licensing	-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
Afte	r Final	Petition R and Acco	outing Slip (PTO/SB/69) mpanying Petition		Proprietary Information	
Affic	davits/declaration(s)	I I	Convert to a al Application		Status Letter	
X Extension of	of Time Request	Power of Change of Address	Attorney, Revocation f Correspondence	X	Additional Enclosure(s) (please identify below):	
Express Ab	andonment Request		Disclaimer ity Statement		RCE transmittal and receipt acknowledgment postcard	
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·	ponse to Missing	Remarks		_		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual name Gary Baker, Reg. No. 41,595, Quine Intellectual Property Law Group P.C.						
Signature Sourbohn						
Date May 22, 2009						
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PTO/SB/17 (10-08)

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Complete if Known			
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	Application Number Filing Date First Named Inventor Examiner Name Art Unit		

TOTAL AMOUNT OF PAYMENT	(\$)	940.00	Attorney Docket	No.	54-	001021US	
METHOD OF PAYMENT (check	all that apply)					
Check Credit Card X Deposit Account Deposit		y Order Nor	ne XOther(p	lease iden	tify): Deposit	t Account ual Property Law Group, F	Р.С.
Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
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EXCESS CLA IM FEES Fee Description Each claim over 20 (inclues ach independent claim of Multiple dependent claim of Multiple dependent claim of Total Claims - 20 or HP = HP = highest number of total claim	ver 3 (inclu s <u>a Claims</u> x	ding R eissues) <u>Fee (\$)</u> <u>Fee</u>	⊵ Paid (\$)		Fee (\$) 52 220 390 <u>Multiple D</u> Fee (\$)	Small Entity Fee (\$) 26 110 195 Dependent Claims Fee Paid (\$)	
Indep. Claims Extra Part - 3 or HP = HP = highest number of independe 3. APPLICATION SIZE FEE	a Claims x nt claims paid t	Fee (\$) Fee (\$	Paid (\$)				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x						_	
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SUBMITTED BY				<u> </u>
Signature	- Jany to M	Registration No. 4: (Attorney/Agent)	1,595 Tel	ephone 56 761-3518
Name (Print/Type)	Gary Baker		Dat	e 5722/09

Appl. No. 10/580,987 Response Dated May 22, 2009 Reply to Office Action of January 22, 2009

Attachments:

- 1) A transmittal sheet;
- 2) A fee transmittal;
- 3) A petition to extend the period of response for 1 month;
- 4) A request for continued examination; and,
- 5) A receipt indication postcard.